							Щ.						
FFF	TRAN	TIMP	ΤΔΙ		4114	- N			0000 000				
FEE TRANSMITTAL						pplication Numb			10/039,062				
for FY 2005					Filing Date First Named Inver		_		December 31, 2001 William R. Matz				
					Examine		٣		ean Reiliy				
Applicant claims s	small entity status. Sec	37 CFR 1.27			Art Unit		+		153				
						Docket N	ij-		S01376		·		
TOTAL AMOUNT OF PAYMENT \$1,020,00							1						
METHOD OF PAY	MENT (check all	that apply)					ı						
☐ Check ☒ Credi	it Card I Money	Order None	e 🔲 Other		į								
Deposit Account		Deposit Account	No. 19-2167		Deposit Account Name:								
The Director is auth		all that apply)			į								
Charge fee(s) Ind									_	(s) indicated below, exc	ept for the filing fee		
Charge any addit	ional fee(s) or unde	erpayments of fe	e(s) under 37 C	FR 1.16 and 1.17				☑ Credit any overpayments					
				FEE CALCULATION									
1. BASIC FILING, S	EARCH, AND EX	AMINATION FEI	ES										
	FILIN	G FEES		SEA	VRCH FE	ES			EXAM	MINATION FEES			
Application Type	Fee (\$)	Small Entity Fo	ee Fee (\$)			il Entity F	ee	Fee (<u>(\$)</u>	Small Entity Fee	Fees Paid (\$)		
1 141444	200	(<u>\$)</u>			(\$)					<u>(\$)</u>			
Utility	300	150	500		250			200		100	· ——		
Design	200	100	100		50			130		65			
Plant :	200	100	300		150		*	160		80			
Reissue	300	150	500		250			600		300			
Provisional :	200	100	0		0			0		0			
2. EXCESS CLAIM I	FEE\$												
Fee Description										Fee (\$)	Small Enty Fee (\$)		
Each daim over 20 (i	ncludina Reissues)	•			:					50	25		
Each independent da					;					200	100		
Multiple dependent cl	•									360	180		
Total Claims		Extra Claims	<u>Fee(\$)</u>		Fee	Paid (S)				Multiple Depend	ent Claims		
	- 20 or HP =		x		=_i					Fee (\$)	Fee Paid (\$)		
HP=highest number o	of independent dais	me naid for if on	eater than 3		:								
rn – inghost nambor t	or and openinent chair	illo pala lor, il ga	cator train or										
indep. Claims		Extra Claims	Fee (\$)		Fee	Paid (\$)			•				
	-3 or HP =		x		=_:								
HP=highest number of		ms paid for, if gn	eater than 3										
3. APPLICATION SI				1			Ш.	- 6-4	OF	TO 4 FOR A WAR AND A BOOK OF	alan for due la BOTO CO		
if the specification and (\$125 for small entity) to									nger3/ Ch	R 1.52(e)), the application	922 100 000 15 \$250.00		
Total Sheets		Extra Sheets			. 1			,		Fee (\$)	Fee Paid (\$)		
	- 100 =		/50			(round	þр) x		=			
4. OTHER FEE(S)					:						Fee Paid (\$)		
Non-English Specification, \$130 fee (no small entity discount)													
Other (e.g., late filling surcharge): 3 Month Extension of Time										1.4 (12 ** **	1,020.00		
SUBMITTED BY: Name (Print/Type) Bambl F. Walters Registrati			n Ma	:		5,1	97		omplete (if applicable Telephone:) (757) 253-572 9			
	Dampi F. War	## 5	(Attorney/					a (reminie:	(1.01) 200-0125		
Signature	1 8 C	2 Wal	ten	•	;		,	Date	Augus	t 17, 2005			
							-						

	TRAN	CMIT'	TAI								
			ıAĻ	•	Application N	ψm	per 10	0/039,06	52		
İ	fau FV	0005			Filing Date			ecembe	er 31, 20	101	
į	for FY	2005			First Named			/illiam R	. Matz		
☐ Applicant dains s	small entity status. See	37 CFR 127	ŀ		Examiner Na	це	S	ean Reil	lly		
- ''			.		Art Unit	4		153			
TOTAL AM	OUNT OF PAYN	The state of the s		·	Attorney Doc	æt	No. B	S01376			
			\$1.020	.00	:						
METHOD OF PAY	MENT (check all	that apply)	_								
☐ Check ☐ Credi					:						
- openit into and		Deposit Account N	lo. 19-216	<u> </u>	0	þ	sit Account N	ame:			
The Director is authorized Charge fee(s) indi	orized to: (check	all that apply)									
			<u>L</u>				a	narge fer	e(s) ind	icated below, exc	ept for the filing fee
Charge any additi	runal ree(s) or unde	rpayments of fee(s) under 37	CFR 1.10	3 and 1.17		⊠ Cre	dit any o	overpay	ments	
				FEE C	ALCULATION						
1. BASIC FILING, S	EARCH, AND EXA	MINATION FEES	3								
	FILING	G FEES		SE/	RCH FEES			EXA	MINATI	ON FEES	
Application Type F	Fee (\$)	Small Entity Fee	Fee S	3	Small Ent		Fee (\$			Small Entity Fee	Eogo Doid (ft)
l liciti.		(3)		-	(\$)		1000	u		(\$)	Fees Paid (\$)
Utility 3	300	150	500		250		200			100	
Design 2	200	100	100	i	60		130		(65	
Plant 2	200	100	300		150		160		1	80	
Reissue 3	300	150	500		250		600		;	300	
Provisional 2	200	100	0		0		0		(0	
2. EXCESS CLAIM F	EES		1	,							
Fee Description					<u> </u>		Table 1			Eas (6)	0 11 P + 15 - 444
Each alaim aus 20 /2	odrodina Dalassa									Fee (\$)	Small Enty Fee (\$)
Each claim over 20 (In Each independent clai		= Doloous-1	}							50	25
Multiple dependent cla	am Over 3 (manung alme	a unesanes)		1	:					200	100
Total Claims	41119	Extra Claims	Foo(®)	ļ	: For Oald	II.				360	180
	- 20 or HP =	LAID CIDITS	Fee(\$)		<u>Fee Pald (</u>	4				Multiple Depende	
			× —	4	<u>-</u>					Fee (\$)	Fee Paid (\$)
HP=highest number of	findependent claim	s paid for, if great	er than 3						:	 _	
					:						
Indep. Claims		Extra Claims	Fee (\$	ı	Fee Pald (\$					
UD-bighoot number of	-3 or HP =		×	4	+						
HP=highest number of 3. APPLICATION SIZ		s paid for, if great	er than 3								
If the specification and dr	mwings except 100 e	heets of paper (exc	Iuding ejectn	polically file	d sequence or c		Liter listings one	ier 37 CE	FR 1 52/	all the englication	otro too due in \$250.00
	88ch additional 50 st		reof. See 35	i µ.s.č.41	(a)(1)(G) and 37	Çi	R 1.16(s).			off, and approximat	322 136 003 13 \$230,00
Total Sheets	100 =	Extra Sheets	/50	İ	, ,		l .		J	Fee (\$)	Fee Paid (\$)
4. OTHER FEE(S)		(ro	þjad	hb) x		-	=				
Non-English Specification, \$130 fee (no small entity discount)											Fee Paid (\$)
Other (e.g., late filing surcharge): 3 Month Extension of Time											
SUBMITTED BY:	30/-	WINDLESS CARESTON	VI THINE			-				4- 64- 11-11	1.020.00
Name (Print/Type)	Bambi F. Walter	8	Registrat	ton No.		4	5,197	- 6		te (if applicable)	(753) 954 5344
- 71 7		_	(Attorney		; :	~	121		Telepi	ro/19:	(757) 253-5729
Stan et	SP . 7	- Walt.						,			······································
Signature	000	wall.	<i></i>	7	_ i []	ı	Date	Anous	t 17, 20	105	

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AUG 1 7 2005

		Applicatio	Number	10/039,062					
TRANSMITT		Filing Dat		December 31, 2001					
FORM		First Nam	d Inventor	William R. Matz					
(to be used for all correspondence	X 2)	Art Unit		2153					
tio be adda for all correspondence	(9)	Examiner	tame	Sean Reilly					
Total Number of Pages In This Submission		Attorney I	ocket Number	BS01376					
					<u> </u>				
		ENCLOS	SURES						
		(Check all th	nat apply)						
□ Fee Transmittal Form □ Fee Attached □ Amendment/Repty □ After Final □ Affidavits/declaration(s) □ Extension of Time Request □ Express Abandonment Request □ Information Disclosure Statement □ Certifled Copy of Priority Document(s) □ Response to Missing Parts/Incomplete Application □ Response to Missing Parts under 37 ○ CFR 1.52 or 1.53	Petition Applicati Power o Change Termina Request CD, Nun	g-related Pap to Convert to on f Attorney, Re of correspon Disclaimer for Refund ther of CD(s)	a Provision evocation ndence Add	iess	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): 3 month Extension of Time				
SIGN	ATURE OF A	PPLICAN	LATTOR	NEY, OR A	GENT				
Name (Print/Type)	Bambi Faivi				leg. No.: 45,197				
Signature	Oli)		Delk						
Date	August 17,	2005							
C	ERTIFICATE	OF TRAN	ISMISSIC	N/MAILING					
I hereby certify that this correspondence is Service with sufficient postage as first clas VA 22313-1450 on the date shown below.	e transmitte velope add	ed to the L	SPTO or deposited with the United States Postal Commissioner For Patents, PO Box 1450, Alexandria,						
Name (Print/Type)	Bambi Faivı			Date August 17, 2005					
Signature	r'u e	Salt							